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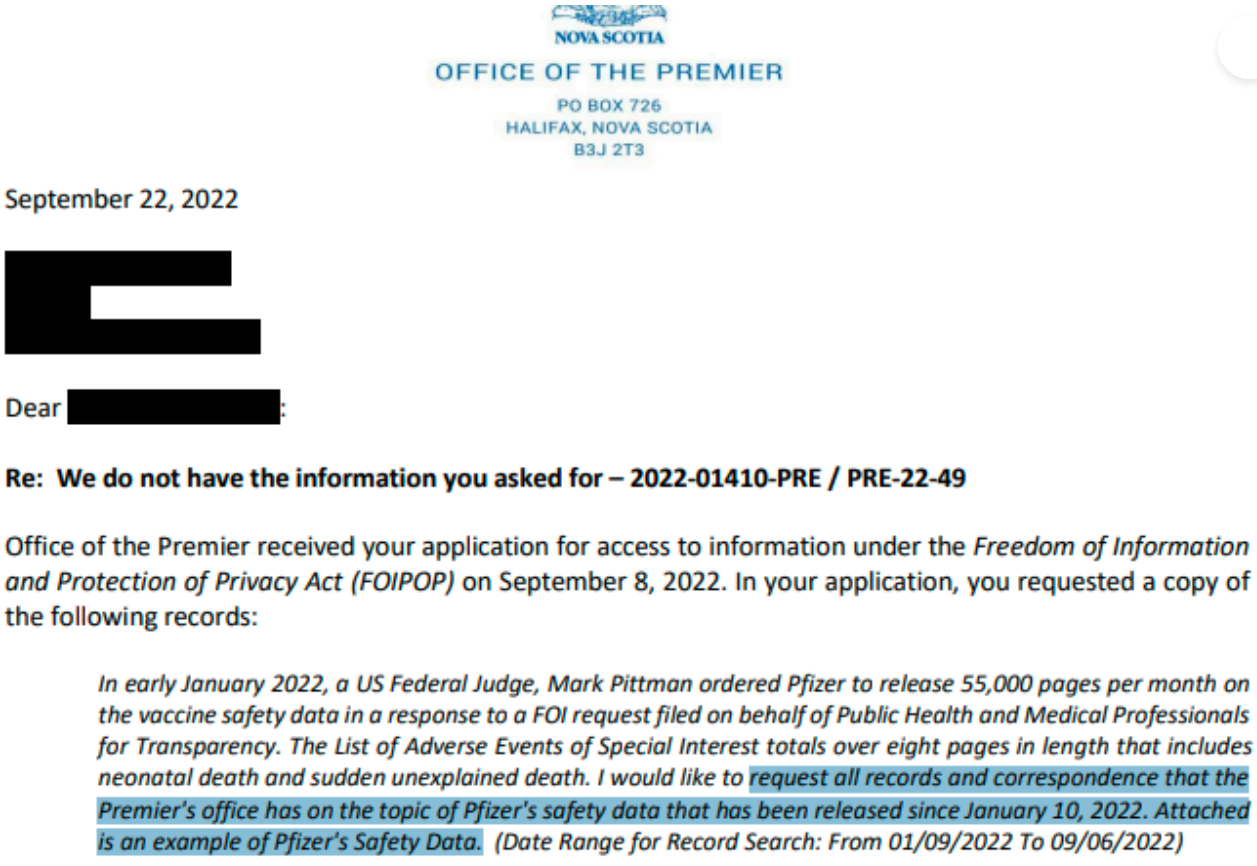
SEPTEMBER 23, 2022 BY RONNIE

Nova Scotia FOI: Can’t Be Bothered With Pfizer Documents, Or Meaningful Math



NOVA SCOTIA
OFFICE OF THE PREMIER
PO BOX 726
HALIFAX, NOVA SCOTIA
B3J 2T3

September 22, 2022

[redacted]

Dear [redacted]:

Re: We do not have the information you asked for – 2022-01410-PRE / PRE-22-49

Office of the Premier received your application for access to information under the *Freedom of Information and Protection of Privacy Act (FOIPOP)* on September 8, 2022. In your application, you requested a copy of the following records:

> *In early January 2022, a US Federal Judge, Mark Pittman ordered Pfizer to release 55,000 pages per month on the vaccine safety data in a response to a FOI request filed on behalf of Public Health and Medical Professionals for Transparency. The List of Adverse Events of Special Interest totals over eight pages in length that includes neonatal death and sudden unexplained death. I would like to request all records and correspondence that the Premier's office has on the topic of Pfizer's safety data that has been released since January 10, 2022. Attached is an example of Pfizer's Safety Data. (Date Range for Record Search: From 01/09/2022 To 09/06/2022)*

With the release of the Pfizer documents (a.k.a. the document dump), it’s fair to ask how seriously Governments are taking it. One resident in Nova Scotia decided to probe exactly that subject. Here is the result that another freedom of information request revealed.

> In early January 2022, a US Federal Judge, ***Mark Pittman ordered Pfizer to release 55,000 pages per month on the vaccine safety data in a response to a FOI request filed on behalf of Public Health and Medical Professionals for Transparency***. The List of Adverse Events of Special Interest totals over eight pages in length that includes neonatal death and sudden unexplained death. I would like to ***request all records and correspondence that the Premier's office has on the topic of Pfizer's safety data that has been released since January 10, 2022.*** Attached is an example of Pfizer's Safety Data. (Date Range for Record Search: From 01/09/2022 To 09/06/2022)

The request is pretty straightforward. This resident wants to see all correspondence and records that have been generated as a result of this revelation.

However, there aren't any records.

After a file search, ***we have located no records*** **responsive to your application. Therefore, it is my understanding, pursuant to clause 7(2)(b) of the Act, that** ***the Office of the Premier does not have custody or control of records*** **which would respond to your application.**
I am ***unaware of a department or agency*** **which would hold such records.**

Either Nova Scotia is completely unaware that Pfizer was ordered to turn over these documents (possible), or they just ignored it altogether. Both are bad options.

That same resident also asked how explanations and documents are calculated. How exactly is the math done to come to these dire predictions and warnings? A response package did come, although the answers are pretty confusing and convoluted.

$$Risk = \frac{new\ events}{population\ at\ risk}$$

In this instance, the "risks" of interest would be the rate of hospitalizations (in unvaccinated and in people with 3+ doses) and the rate of death (in unvaccinated and in people with 3+ doses). The basic calculations for these are shown below.

Rate of hospitalization
$Rate_{unvaccinated} = \frac{\#\ hospitalizations\ in\ unvaccinated}{person-time\ contributed\ by\ people\ unvaccinated} = 346.8$
$Rate_{3+doses} = \frac{\#\ hospitalizations\ in\ 3+doses}{person-time\ contributed\ by\ people\ with\ 3+doses} = 310.1$
Rate of death
$Rate_{unvaccinated} = \frac{\#\ deaths\ in\ unvaccinated}{person-time\ contributed\ by\ people\ unvaccinated} = 48.9$
$Rate_{3+doses} = \frac{\#\ deaths\ in\ 3+doses}{person-time\ contributed\ by\ people\ with\ 3+doses} = 66.7$

Note, that the person time is dynamic and changes as vaccine status changes. We require computer programs to calculate the person-time denominator. These computer programs use the health information from administrative health data. To determine person time, the following information needs to be known

- How many people are in the population
- How many doses of vaccine they received
- When they received that vaccine

This information is used to calculate the denominator, person-time, which is in turn, used to calculate the rates/risks.

These risks are then adjusted for age. Age is a strong predictor of both death and vaccination. Older people are more likely to die of COVID-19 and they are also more likely to have received 3 or more doses. Adjusting for age is a very common approach used by epidemiologists that allows for more fair comparisons between two groups of people that may have different ages.

$$RR = \frac{age-adjusted\ rate\ unvaccinated}{age-adjusted\ rate\ 3+doses}$$

Relative Risk of hospitalization	Relative Risk of death
$RR = \frac{756.2}{204.2} = 3.7$	$RR = \frac{144.6}{41.4} = 3.5$

From these calculations, we see the "Unvaccinated Nova Scotian's were hospitalized at 3.7 times (i.e. nearly 4 times the rate) and died at 3.5 (i.e. more than 3 times the rate) as those with three or more doses.

Note: the epidemiology team uses a computer program (SAS) to calculate rates, age-adjusted rates, and relative risks. A copy of SAS computer code is included in this response.

Table 3: Age-adjusted hospitalization* and death rates by vaccine status, March 1, 2022 to July 31, 2022 (Wave 6)

Vaccination Status	Number	Crude Rate per 100k Person-Years	Age-Adjusted Rate per 100k Person-Years
Hospitalizations			
Unvaccinated	220	346.8	756.2
2 Doses	252	201.0	412.2
3+ Doses	662	310.7	204.2
Deaths			
Unvaccinated	31	48.9	144.6
2 Doses	39	31.1	94.1
3+ Doses	142	66.7	41.4

Data sources: Hospitalizations - PPHLN, Meditech and STAR; Deaths – Panorama; Denominator - MSI Eligible Nova Scotians

Even if these numbers were to be taken at face value, there are still several serious cracks that appear in the logic:

- The categories are "0", "2", and "3" doses. This means that anyone who hasn't has at least 2 shots (with the exception of Johnson & Johnson), would be viewed as unvaccinated. What about people who took a single shot and then realized their mistake?
- The counter doesn't move until 14 days after a shot. Therefore, people who were injured (or died) in less than 2 weeks after that second shot would still be viewed as unvaccinated.
- They do "age adjusting", on the grounds that older people would be at a higher risk. However, older people are at a higher risk of dying REGARDLESS of these shots, or fake virus.
- The BCCDC admitted in April 2020 that PCR tests can't actually determine if someone has an infection. As such, these are useless. (See archive).
- There's no proof this virus exists.
- The definition of a "Covid death" is completely fraudulent, as addressed earlier.

Given how subjective the definitions are, the data is essentially meaningless. This has been brought up a number of times.

1. PURPOSE OF THE DOCUMENT

This document describes certification and classification (coding) of deaths related to COVID-19. The primary goal is to identify all deaths due to COVID-19.

A simplified section specifically addresses the persons that fill in the medical certificate of cause of death. It should be distributed to certifiers separate from the coding instructions.

2. DEFINITION FOR DEATHS DUE TO COVID-19

A death due to COVID-19 is defined for surveillance purposes as a death resulting from a clinically compatible illness, in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death.

A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of preexisting conditions that are suspected of triggering a severe course of COVID-19.

3. GUIDELINES FOR CERTIFYING COVID-19 AS A CAUSE OF DEATH

In view of COVID-19 it is important to record and report deaths due to COVID-19 in a uniform way.

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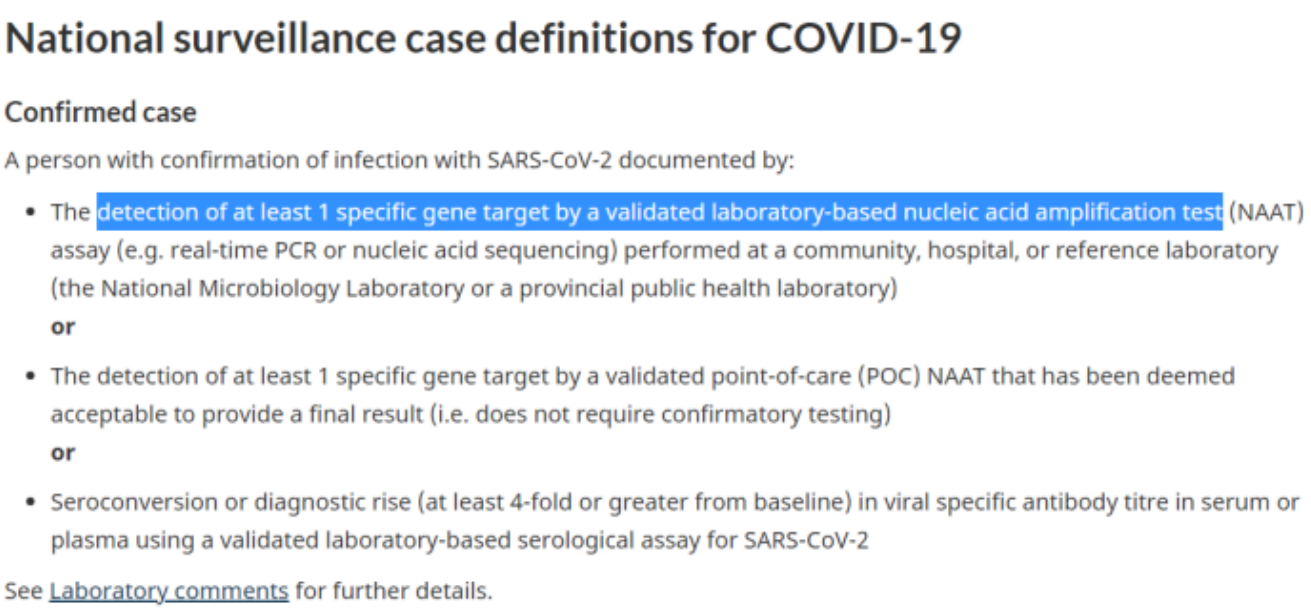
> A death due to COVID-19 may not be attributed to another disease (e.g. cancer) and should be counted independently of preexisting conditions that are suspected of triggering a severe course of COVID-19.

Unfortunately, this is for real. The WHO actually provides this incredibly vague and meaningless definition. (See archive here). Odd that the heavily subsidized mainstream press hasn't been asking questions about that.



National surveillance case definitions for COVID-19

Confirmed case

A person with confirmation of infection with SARS-CoV-2 documented by:

- The detection of at least 1 specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory)
  or
- The detection of at least 1 specific gene target by a validated point-of-care (POC) NAAT that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing)
  or
- Seroconversion or diagnostic rise (at least 4-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2

See Laboratory comments for further details.

The "case definition" is also pretty sketchy. There's no requirement at all that any actual virus be isolated or demonstrated to exist. WHO's March 2020 (Page 3), and September 2020 (Page 8) explicitly state that routine virus isolation is not recommended for diagnostic testing.

Concerning, isn't it? The Government keeps detailed statistics concerning hospitalizations and deaths, but tweaks the values to make them more frightening. There's apparently no interest in the data that Pfizer only gave up under a Court order. Also, the Strang Regime seems not to case about cases and deaths in any meaningful way.

One might think that the Nova Scotia authorities don't really have the public's best interests at heart. Strange, considering it's a registered charity.

And if you haven't seen Christine Massey's work with Fluoride Free Peel, go do that. There are some 200 or so FOIs showing that no one, anywhere in the world, has ever isolated this "virus". It's never been proven to exist. There's no point having a discussion on what treatments are beneficial, until the existence of this is demonstrated. Other interesting reads are apocalypticyoga, by Bill Huston, Stormhaven, by William Ray, and What's Up Canada by Wayne Peters.

DOCUMENTS
(1) 2022-01410-PRE Decision Letter signed
(2) 2022-01337-HEA Decision Letter
(3) 2022-01337-HEA Applicant Package

PREVIOUS FOI RESULTS FROM NOVA SCOTIA

(A) https://canucklaw.ca/nova-scotia-foi-response-tacitly-admits-there-is-no-wave-of-hospitalizations/

(B) https://canucklaw.ca/nova-scotia-foi-result-province-refuses-to-turn-over-data-studies

(C) https://canucklaw.ca/more-foi-requests-from-nova-scotia-trying-to-get-answers-on-this-pandemic/

(D) https://canucklaw.ca/nova-scotia-foi-request-shows-province-reduced-icu-capacity-in-recent-years/

(E) https://canucklaw.ca/nova-scotia-foi-shows-province-has-no-evidence-asymptomatic

(F) https://canucklaw.ca/nova-scotia-foi-province-refuses-to-turn-over-contract/

(G) https://canucklaw.ca/nova-scotia-foi-19-1-million-spent-on/

(H) https://canucklaw.ca/nova-scotia-foi-no-real-increase-in-deaths-due-to-pandemic/

(I) https://canucklaw.ca/nova-scotia-foi-more-deaths-as-vaccination-numbers-climb/

(J) https://canucklaw.ca/nova-scotia-foi-govt-data-on-deaths-by-age-vaxx-status/

(K) https://canucklaw.ca/nova-scotia-foi-another-data-dump-on-cases-vaxx-rates/

(L) https://canucklaw.ca/freedom-of-information-requests-canuck-law/

CANADA, FOI REQUEST, GLOBALISM, HEALTH, UN/WHO, VACCINES

2 Replies to “Nova Scotia FOI: Can’t Be Bothered With Pfizer Documents, Or Meaningful Math”

gracejoubarne461654805

SEPTEMBER 23, 2022 AT 4:00 PM

Worse, that computer modelling that locked us all down over a fairy tale, was totally debunked early on. Imagine, policies made on the basis of a computer model! We really are stupid to put up with this.

G

SEPTEMBER 23, 2022 AT 4:01 PM

Is William Ray still alive? Haven’t see him post anywhere after 2020……